

LOUISIANA 5<sup>TH</sup> DISTRICT TEACHER SEMINAR  
WASHINGTON, D.C.  
IN COOPERATION WITH  
*CONGRESSMAN JOHN COOKSEY*

Information Cover Sheet

\_\_\_\_\_ Code  
(For office use only)

Teacher's Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Grade Level of Students: \_\_\_\_\_

Subject Areas: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

School System: \_\_\_\_\_ Parish: \_\_\_\_\_

Superintendent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Seminar Dates: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

Hotel Room Accommodations:     Single occupancy \_\_\_\_\_ Double Occupancy \_\_\_\_\_

(Revised 7-31-00)

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Project Information Sheet

\_\_\_\_\_ Code  
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Title of Project in the Classroom: \_\_\_\_\_

Grade Level or Age of Students: \_\_\_\_\_

Subject Areas: \_\_\_\_\_

Applications may be typed on this form or on separate pages.  
For the sake of objectivity, do not include your name or the name of your school on this page.

\*What benefit do you anticipate as a result of the Washington Seminar?

\*How might the seminar assist you with meeting curriculum objectives?

\*Briefly describe your classroom project idea and describe how you will implement it.

\*How might this project prepare your students for leadership roles in the future?

(Revised 7-31-00)